

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 578784

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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20		/		/		
21		⊙		/		
22	/	⊙	/			
23		/		/		
24		⊙		/		
25		⊙		/		
26		⊙		/		
27		⊙		/		
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29		⊙		/		
30		⊙		/		
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32		/		/		
33		⊙		/		
34		⊙		/		
35		⊙		/		
36		⊙		/		
37		⊙		/		
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42		⊙		/		
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44		⊙		/		
45		⊙		/		
46		⊙		/		
47		⊙		/		
48		⊙		/		
49		⊙		/		
50		⊙		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		⊙		/		
52		⊙		/		
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98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	48	←		←
TOTAL CLAIMS			53			